"MEETING POVERTY"

SPECIAL PLANNING SECRETARIAT

HQ

One Attack on Poverty — Family Planning:

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ONE ATTACK ON POVERTY - FAMILY PLANNING

It has been said that the greatest single problem facing the human race next to nuclear depopulation is procreative overpopulation. At present there is a 2% annual increase in global population while agricultural productivity is expanding at a rate of 1% annually. This disparity is occurring while two-thirds of the world's 3.3 billion are presently underfed and will not have a square meal in their lifetime. Dr. C.A.D. Ringrose, President of the Planned Parenthood Association, Edmonton Branch, states: (1)

> "Not only is there a global problem which none of us can ignore, but we in our own community and province have a similar problem in some of our own population groups. The Indian and Metis of Alberta have a 4% annual increase in population (higher than South East Asia and Central America) at a time when their productivity is not increasing at anywhere near this rate. They have an illegitimacy rate much higher than the 7% average for Alberta's population at present. It is not uncommon for an Indian woman of 30 to have ten or more children.
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> The illegitimate pregnancy rate is up 500% in the last 20 years in some age groups. This now gives rise to 800 births annually in Edmonton and 700 in Calgary. The care of the mothers of these unplanned pregnancies and the resultant offspring represents an increasing burden for the tax-payer and must be close to $1,000,000 for each year's births. As well, the unplanned pregnancy rate among the grade-school educated, low income and indigent group is 54%. These unwanted pregnancies become the battered children, the neglected children and the juvenile delinquents of the future. These problems are all increasing and costly in terms of human misery and tax dollars. In Ontario, for example, during 1964, 22,000 children had to be removed from their homes because of parental abuse or neglect. The cost to the tax-payers for the legal proceedings and the care of these children was $15,000,000."

Why do all these problems exist? There is strong agreement among professionals dealing with unplanned pregnancies that the poverty, disease and neglect, which becomes the fate of many children is significantly related to the lack of family planning. Mrs. V.H. Whyte of the Baltimore Police Department illustrates this by her comments: (2)

> "Even though the parents may be kindly, possessed of moderate education, healthy, physically attractive and well-meaning, they build a wall of such mutual satisfaction around themselves that, lacking family planning services, their children also come too frequently, a legion of them. At first, such parents remain proud and able to cope, but as their families grow, they experience poverty and disease followed by neglect of their children, who become chronic

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truants or school dropouts. Surely something is amiss in health and welfare programming if we fail to include family planning services to reach every kind of family. We sent for a mother of nine illegitimate children because neighbors complained that four of them were chronic truants from school, living in the streets and engaging in petty larceny. This mother came bringing with her four of her children, miserable little creatures whose bodies, scantily clad with filthy clothing, emitting foul odors. They were restless, ungovernable, and unhappy.

She explained as follows: "This is Sammy, this is Linda, this is Warren and this is David. My children just don't like school. They don't have fit clothing and they don't have fit shoes and sometimes my old man doesn't bring home the money. You see, I have nine children. I have these four by one man and two more by another man and three by Red, the man I shack up with now. I can't find the other men. To tell you the truth, we do need food. You want me to tell you how I manage?

"I send Sammy, Linda, Warren and David out early every morning, and sometimes at night, to tell you the truth. These children pick up lots of food. They get it from the market stores. They pick up firewood, too, and when they bring the stuff in I make what I call a 'pot a day'. You should see my big pot. It smells very good when I'm cooking in it. They get fed about eleven o'clock."

Question: "Mother, why do you have so many children when you know you can't take care of them properly and can't keep them in school?"

"To tell you the truth, I'm really ashamed to tell you, but I can't well hide it. I'm caught again. I really never wanted these children. I guess that's why they're strays. All of them are strays. I guess it's nature and you can't stop nature. Every last one of these men have fooled me about protection. That's how I get caught."

Question: "Why haven't you married one of these men?"

"I really wanted to, but none of them ever asked me."

Question: "Why didn't you ask one of them?"

"You know, to tell you the truth, I never thought of that. But I'm going to ask them the next time."

Problems related to planned parenthood among Metis and Indians in Northern Alberta were discussed at length in a recent address by Dr. Mary P. Jackson, to the Planned Parenthood Association, Edmonton Branch. Dr. Jackson has served the Keg River District of the Peace River country for 35 years. The following remarks were taken from her address: (3)

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"Thirty years ago all the Metis babies were breast fed. They never had any cows milk. Their mothers fed them till they were 12 to 18 months old, adding meat when they had teeth and berries in the summer time. Most women didn't menstruate while they were nursing so the interval between children tended to be about two years. This in itself was a kind of birth control, though more or less involuntary not planned.

But when the country opened up and canned milk, baby foods and pablum, etc, became available and were added to the babies diets, or the babies were fed entirely on a formula, we started to get an impressive increase in rapidly repeated pregnancies. Many of the younger women achieved exactly twice the birth rate their mothers had had. One baby per year or less. Girls of 21 had four or five children, women of 35 had twelve and were still producing more. They were getting antibiotics for their sick babies and their tuberculosis was being diligently searched out and treated in the Sanitorium so whereas previous generations had lost half their children from T.B., diarrhea, pneumonia and so on, so that few families ended up with more than five living grown-up children, we have very few families that have lost more than one child. Many of them have more than ten children, quite a number have between 13 to 16.

How could one hope for a rising standard of living in the Metis and Indian unless they could reduce the size of their families?

The PILL has had a dramatic impact. It's 100% reliability has made the women willing to put up with side effects. Only two of them stopped because of nausea and vomiting and one of those started again after having a sixth baby. If one had ever doubted their motivation, the way they scratch up enough money month after month to buy their pills proves how anxious they are to limit their families. I've had a woman appear at ten o'clock at night, clutching a handful of nickels and dimes to buy the months pills she needed to start taking that night. Several of them have used the pills for a year, stopped and had a baby, and are starting pills again. A girl came in the other evening "to buy herself six months." Her baby was just a year old. She was rejoicing greatly that she had just started to menstruate and had not been caught again as she was the last time, pregnant while nursing. She plans to stop after six months and try for a boy again. She has three little girls.

At $2.00 per month the cost of the pills doesn't seem like very much, but one of my 25-year-old patients told me recently that she and her husband had decided not to have any more children, since they had two boys and two girls,

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but they had counted up how much the pills were going to cost and it would be $500.00. That amount, to that family, is the equivalent to $10,000 to many of you.

If some cheap and simple method proved as efficient as the pills shouldn't we start an urgent program to help these Metis women? Or if there is no cheaper safe method, shouldn't we consider providing pills at a subsidized cheaper rate? A school superintendent remarked that it would really be cheaper for the school divisions in the north to give pills free, than to build the classrooms required for the hundreds of unwanted children pouring into the schools each year.

I don't suggest that we should tell them that they shouldn't have so many children. They love their children, however many they have and the "Battered Baby Syndrome" is something I've not yet seen in the north. But if we just offered them the chance to limit their families I think that many of them would jump at it."

Almost no one will fail to recognize that irresponsible, unplanned procreation is a most serious and often tragic social problem, integrally related to poverty. In approaching this problem, it must be realized that man has been trying for thousands of years without success to confine the coital urge. He cannot consistently confine it to the marital state or the infertile part of the cycle, as evidenced by the increasing illegitimacy rate and the unreliability of the rhythm method of conception control. (The pregnancy rate with no contraception is 150 per 100 woman years; with rhythm it is 35 per 100 woman years and with oral contraception it is 0 per 100 woman years. The reliability of the intrauterine devices approaches that of the oral contraceptives.)

Health and Welfare authorities in some regions of the United States have tackled this problem with adequate success through public family planning programs. A striking example is a pilot project for welfare recepients in Mecklenbery County from Carolina. This project started in November, 1960, showed that welfare clients would voluntarily and successfully make use of the "pills". (4)

"After two years experience without a pregnancy among 223 women volunteers, who were accustomed to frequent pregnancies, we are ready to say that our initial project with women of the lower economic class is successful.

Within a short time we hope to make oral contraceptives available to an increased number of women who are currently receiving public assistance but who do not want additional children, who cannot care for more children, or whose physical and mental health is endangered by too frequent

pregnancies. After two years experience we are receiving numerous requests from clients "to be referred to the pill clinic." Such a program is rapidly gaining enthusiastic public support, not only for the reasons listed, but also because of the dollar facts that it is currently costing less than 1/25 as much to prevent unwanted births as it costs the public to support these children.

It should be noted that the health and welfare slice of the county budget dropped from 27% to 10% in the four years since their birth control program commenced. As well, there has been an improvement in the health of women who formerly had unplanned children almost annually. There has been a decline in delinquency cases and many families became entirely self-supporting and withdrew from the relief rolls.

There are many responsible citizens in Canada who are alarmed over the necessary expansion of welfare services to cope with the above cited problems. Many are insistent that we must embark on a program to educate our people capable of motherhood and fatherhood (i.e. all people past puberty) in the responsible use of the organs of reproduction, including the provisions of information on birth control methods.

Any approach to family planning in Canada must be cognaizant to two factors: (1) there is presently legal denial of public family planning services; and (2) there is lack of agreement on what the appropriate and acceptable role of the public welfare agency should be in achieving this objective. This paper is not an attempt to present any proposed solution, but it does emphasize that any serious effort to cope with poverty in Canada must of necessity involve discussion of social problems arising from unplanned pregnancies and the ameliorative role which family planning offers.

Any approach to discussion would benefit from the following points, highlighted by the American Public Health Association. (5)

1. Public health organizations at all levels of government should give increased attention to the impact of population change on health.

2. Scientific research should be greatly expanded on (a) all aspects of human fertility; and (b) the interplay of biological, psychological and socio-economic factors influencing population change.

3. Public and private programs concerned with population growth and family size should be integral part of the health program and should include medical advice and services which are acceptable to the individuals concerned.

4. Full freedom should be extended to all population groups for the selection and use of such methods for the regulation of family size as are consistent with the creed and mores of the individuals concerned.

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Within the broad framework of social and economic development in Canada, it is hoped that the crucial need for family planning will merit appropriate attention.

(1) Ringrose, Dr. C.A.D., Edmonton Planned Parenthood Association Brief; presented to the Special Legislative and Lay Committee to Study Preventive Health Services in Alberta. Edmonton, November, 1965.

(2) Whyte, Mrs. V.H. "The Unplanned Family - A Law Enforcement Officers View". Article in Birth Control Services. Planned Parenthood Federation of America, Inc., New York, p. 19, 20.

(3) Jackson, Dr. M.P. Address delivered to Edmonton Planned Parenthood Association, February, 1965.

(4) Kuralt, Wallace. "Mecklenberg County - A Pilot "Pill" Project for Welfare Recipients". Article in Birth Control Services, op. cit.

(5) Governing Council of the American Public Health Association. Policy Statement adopted October 21, 1959.

Erick Schmidt,
Sociology Department,
University of Alberta,
Edmonton.